

LICENSED SERVICES AND UTILIZATION PROFILES



INSTRUCTIONS

ANNUAL UTILIZATION REPORT OF LONG-TERM CARE FACILITIES

REPORT PERIOD:
JANUARY 1, 2001 THROUGH DECEMBER 31, 2001

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
ACCOUNTING AND REPORTING SYSTEMS SECTION
LICENSED SERVICES DATA AND UTILIZATION UNIT
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INTRODUCTION

These are the instructions for completing the 2001 Annual Utilization Report of Long-Term Care Facilities. It contains instructions for each line of data reported.

If any of the instructions are unclear, contact the Office of Statewide Health Planning and Development (OSHPD), Licensed Services Data and Compliance Unit at or (916) 323-7685 and ask for the Edits Supervisor.

TIPS FOR COMPLETING THE REPORT

1. **Do not combine data from another facility.**
2. **Double-check all mathematical calculations.**
3. **The *Nine Digit I.D. Number* can be found on the mailing label on Page 1 of the Reporting Form.**

INSTRUCTIONS

This Annual Report is for reporting for the calendar year January 1, through December 31. If the facility was in operation for less than a year, report the time it was in operation.

INSTRUCTIONS - PAGE 1

GENERAL INFORMATION AND CERTIFICATION

1. Enter the D.B.A. (Doing Business As) name of the facility.
2. Enter the name of person responsible for completing report.
3. Enter the phone number of the person to be contacted if corrections to the report are necessary.
4. Enter the Fax Number for the facility.
5. Enter the Main telephone number for the facility.
6. Enter the Administrator's name.
7. Enter the Administrator's title.

After the report has been completed, have the Administrator date and sign the certification and mail the report to the address given on page 1.

INSTRUCTIONS - PAGE 2

COMPLETE THIS PAGE ONLY IF THE FACILITY WAS CLOSED, IN SUSPENSE, CHANGED LICENSEE (OWNERSHIP), OR WAS NEWLY LICENSED (OPENED) IN 2001

LICENSEE DATA

A. DATES OF LICENSURE: If the facility was licensed on or after 1/1 or was delicensed (closed) or went into suspense on or before 12/31, enter the dates the facility was in operation during the calendar year.

Line 1 -

Column 1: Enter the numbers 01/01 if the facility was licensed on January 1 of the reporting year. If the facility was licensed after January 1, enter the date the facility was first licensed (THIS DATE MAY APPEAR ON THE MAILING LABEL ON PAGE 1 OF THE REPORT AND IT APPEARS ON THE LICENSE).

Column 2: If the facility was closed or was in suspense before December 31, enter the date of closure or suspense.

B. LICENSEE (OWNERSHIP) TYPE

Line 2 -

Enter the number from the table of "Licensee (Ownership) Codes" of the category that best describes the facility licensee.

INSTRUCTIONS - PAGE 3

SPECIAL PROGRAMS CERTIFICATIONS AND DISCHARGES

A. HOSPICE PROGRAM

Line 1 -

Enter 1 (yes) if the facility offered a hospice program during the calendar year. Leave blank if the facility did not offer a hospice program during the calendar year.

B. CERTIFICATION

Line 5, Columns 1 through 5

Check the appropriate boxes for each Medicare and Medi-Cal program for which the facility was certified during the year.

If the facility is certified for participation in the Medicare and/or Medi-Cal programs, bed utilization and reimbursement on page 4, Table B must be consistent with those certifications.

C. LENGTH OF STAY IN FACILITY

TABLE A – Discharged Long-term Care Patients by Length of Stay

Lines 12 through 22 -

Enter the number of patients whose length of stay at DISCHARGE corresponds with the length of stay categories in this table.

Line 11, - Total Long-term Care Discharges

Enter the sum of lines 12 through 22. This must equal the total number of patients discharged on page 4, line 3, column 6.

D. SPECIAL PROGRAMS

Line 41-

Enter the number of patients diagnosed as having AIDS, Aids Related Condition (ARC), Prodromal AIDS, or HIV related disease and illness during the calendar year.

Line 42 -

Enter the number 1 if the facility had a specialized program for Alzheimer patients during the calendar year.

A specialized Alzheimer Program is a therapeutic program of services designed, staffed and implemented for the purpose of meeting the specific needs of the Alzheimer patient population.

Line 43 -

Enter the number of patients who had a primary or secondary diagnosis of Alzheimer disease.

INSTRUCTIONS - PAGE 4

TABLE B – LONG-TERM CARE INPATIENT UTILIZATION

Line 1, Columns 1 through 5 - Patient Census December 31, 2000

Enter the total number of long-term care patients that were in each bed classification on December 31, 2000. Please refer to page 4, line 4 columns 1 through 5 of your 2000 Annual Report. If the census reported for 2000 was incorrect, include a letter from the administrator explaining the difference.

If patients are shown for the Skilled Nursing/Mentally Disordered bed classification (column 3), there should be patients listed on page 5, in the age group under 45, 45-54, and 55-64.

Line 1, Column 6 - Total Census December 31, 2000

Enter the sum of line 1, columns 1 through 5. The total Census should not exceed licensed beds.

EXAMPLE: If your facility is licensed for 99 beds, the sum of line 1, columns 1 through 5 should not exceed 99 patients.

Line 2, Columns 1 through 5 - Admissions

Enter the number of long-term care patients admitted during the reporting year into each of the bed classifications listed at the top of the Table.

If patients are shown for the SN/MD bed classification (column 3) there should be patients listed on page 5, in the age group under 45, 45-54, and 55-64.

Line 2, Column 6 - Total Admissions

Enter the sum of line 2, columns 1 through 5. This number must be the same as the sum of line 2, columns 7 through 12. The sum of these columns must equal line 2, column 6.

Line 2, Columns 7 through 12 - Admission Source

Enter by source of admission, patients admitted to the facility during the calendar year. Admissions from a source not on the Annual Utilization Report are reported as "OTHER".

SOURCE OF ADMISSION NOTES:

Admissions From:

- Group Home should be "Residential/Board & Care Home".
- Retirement Centers should be "Residential/Board & Care Home".
- VA (Hospitals) should be "Hospital".
- County Hospital should be "Hospital".
- Jail should be specified "Other".

Line 3, Columns 1 through 5 - Discharges

Enter the total number of patients discharged during the year from each bed classification.

Line 3, Column 6 - Total Discharges

Enter the sum of line 3, columns 1 through 5. This number must be the same as line 3, columns 7 through 14. **NOTE:** The number of discharges must equal the number of discharges on page 3, line 11, Table A.

Line 3, Columns 7 through 14 – Places Discharged To

Enter by "Place Discharged To", the number of patients discharged from your facility during the calendar year. Discharges from a source not on the Annual Utilization Report should be reported as "Other." If "Other" is 10% or greater, please *specify*. *The sum of these columns must equal line 7, column 6.*

PLACE DISCHARGED TO NOTES:

Discharges To:

- Group Home should be "Residential/Board & Care Home".
- Retirement Centers should be "Residential/Board & Care Home".
- VA (Hospitals) should be "Hospital".
- County Hospital should be "Hospital".
- Jail should be specified "Other".

Line 4, Columns 1 through 5 - Census December 31, 2001

Enter by bed classification the total number of patients in the facility on December 31, 2001. **BED HOLDS SHOULD BE COUNTED IN THE CENSUS. THE TOTAL CENSUS SHOULD NOT EXCEED THE TOTAL NUMBER OF LICENSED BEDS.**

If patients are shown for the SN/MD bed classification (column 3) there should be patients listed on page 5, in the age group under 45, 45-54, and 55-64.

Line 4, Column 6 - Total Census December 31, 2001

Enter the sum of line 4, columns 1 through 5. This number must be the same as the sum of line 4, columns 7 through 14.

Line 4, Columns 7 through 14 - Reimbursement Source

Enter the total number of patients for each payer designation from the December 31 census.

NOTE: Reimbursements from sources not shown on the Annual Utilization Report should be reported as "Other."

If the facility did not participate in the Medicare or Medi-Cal programs during the year do not include entries in columns 7 and 8.

Line 5, Columns 1 through 5 - Patient (Census) Days

Enter by bed classification, the cumulative number of days all patients stayed in each during the calendar year. The total Patient (Census) Days must not exceed: **(number of licensed beds) X (number of days in the year).**

Line 5, Column 6 - Total Patient (CENSUS) Days

Enter the sum of Line 5, Columns 1 through 5. The total patient (Census) days must not exceed: (number of licensed beds) X (number of days in the year).

Lines 6 and 7, Columns 1 through 6

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**INSTRUCTIONS - PAGE 5
DECEMBER 31, 2001 CENSUS DAY**

A. TOTAL NUMBER OF LTC PATIENTS

Line 1 - Total Inpatients on December 31

Enter on line 1 the total number of patients on December 31 of the reporting year. *This total must equal the total on page 4, line 4, column 6.*

Line 2 - Total Male Patients on December 31

Enter the number of Male Patients in the facility on December 31. *NOTE: Male Patients plus Female Patients must equal the number of patients shown on page 4, line 4, column 6.*

Line 3 - Total Female Patients

Enter the number of Female Patients in the facility on December 31. *NOTE: Female Patients plus Male Patients must equal the number of patients shown on page 4, line 4, column 6.*

B. RACE/ETHNICITY & AGE OF MALE PATIENTS ON DECEMBER 31

Lines 4 through 11, Columns 1 - 7

Enter the total number of MALE LTC patients in the facility on December 31 of the reporting year under the appropriate Race/Ethnicity and Age Groups.

Line 12, Columns 1 - 7

Enter the sum of Lines 4 - 11, Columns 1 - 7 on Line 12. *NOTE: The sum of these numbers must equal to the number of Male Patients on page 5, line 2.*

C. RACE/ETHNICITY & AGE OF FEMALE PATIENTS ON DECEMBER 31

Lines 13 through 20, Columns 1 - 7

Enter the number of FEMALE LTC patients in the facility on December 31 of the reporting year under the appropriate Race/Ethnicity and Age Groups.

Line 21, Columns 1 - 7

Enter the sum of Lines 13 - 20, Columns 1 - 7 on Line 12. *NOTE: The sum of these numbers must equal to the number of Female Patients on page 5, line 3.*

*NOTE: Female Patients plus Male Patients **MUST** equal the number of patients entered on Line 1 and on Page 4, Line 4, Column 6.*

INSTRUCTIONS - PAGE 6

SUBACUTE CARE PATIENTS

A. MEDI-CAL SUBACUTE CARE PATIENTS

Line 1. Enter the number of subacute beds contracted for with the Medi-Cal Program on December 31 of the reporting year.

Line 2.

Column 1. Enter in column 1, the number of Medi-Cal subacute patients age 20 and under in the facility on December 31 of the reporting year.

Column 2. Enter in column 2, the number of Medi-Cal subacute patients age 21 and over in the facility on December 31 of the reporting year.

Line 3.

Column 1. Enter in column 1, the number of Medi-Cal subacute patients age 20 and under admitted during the year.

Column 2. Enter in column 2, the number of Medi-Cal subacute patients age 21 and over admitted during the year.

Line 4.

Column 1. Enter in column 1, the number of Medi-Cal subacute patients age 20 and under discharged during the year.

Column 2. Enter in column 2, the number of Medi-Cal subacute patients age 21 and over discharged during the year.

Line 5.

Column 1. Enter in column 1, the number of Patient Days for Medi-Cal subacute patients age 20 and under.

Column 2. Enter in column 2, the number of Patient Days for Medi-Cal subacute patients age 21 and over.

B. PLACE MEDI-CAL SUBACUTE PATIENTS WERE ADMITTED FROM (Source of Admission)

Line 10.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were admitted from *Home*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were admitted from *Home*.

Line 11.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were admitted from a *State Hospital*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were admitted from a *State Hospital*.

Line 12.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were admitted from a *Residential Board and Care*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were admitted from a *Residential Board and Care*.

Line 13.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were admitted from a *Hospital*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were admitted from a *Hospital*.

Line 14.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were admitted from *Another LTC*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were admitted from *Another LTC*.

Line 15.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were admitted from an *Other* source (please specify).

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were admitted from an *Other* source (please specify).

NOTE: *The sum of lines 10 through 15, Column 1, **must** equal the number of patients reported on line 3, column 1. The sum of lines 10 through 15, Column 2, **must** equal the number of patients reported on line 3, column 2.*

C. PLACE PATIENTS WERE DISCHARGED TO (Disposition of Patient)

Line 20.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were discharged to *Home*.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were discharged to *Home*.

Line 21.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were discharged to a *State Hospital*.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were discharged to a *State Hospital*.

Line 22.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were discharged to *Residential Board and Care*.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were discharged to *Residential Board and Care*.

Line 23.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were discharged to a *Hospital*.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were discharged to a *Hospital*.

Line 24.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were discharged to *Another LTC*.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were discharged to *Another LTC*.

Line 25.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that were discharged to an *Other* (please specify) facility.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that were discharged to an *Other* (please specify) facility.

Line 26.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that *Died*.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that *Died*.

NOTE: *The sum of lines 20 through 26, column 1, **must** equal the number of patients reported on line 4, column 1. The sum of lines 20 through 26, column 2, **must** equal the number of patients reported on line 4, column 2.*

D. SUBACUTE PATIENTS ON DECEMBER 31 REQUIRING LISTED PROCEDURES

Line 31.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required a *Tracheostomy with Ventilator*.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required a *Tracheostomy with Ventilator*.

Line 32.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required a *Tracheostomy without Ventilator*.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required a *Tracheostomy without Ventilator*.

Line 33.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required *Tube Feeding* (Nasogastric or gastrostomy).

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required *Tube Feeding* (Nasogastric or gastrostomy).

Line 34.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required *Total Parenteral Nutrition (TPN)*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required *Total Parenteral Nutrition (TPN)*.

Line 35.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required *Physical Therapy*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required *Physical Therapy*.

Line 36.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required *Speech Therapy*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required *Speech Therapy*.

Line 37.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required *Occupational Therapy*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required *Occupational Therapy*.

Line 38.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required *IV Therapy*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required *IV Therapy*.

Line 39.

- Column 1.** Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required *Wound Care*.
- Column 2.** Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required *Wound Care*.

Line 40.

Column 1. Enter in column 1 the number of Medi-Cal subacute patients age 20 and under that required *Peritoneal Dialysis*.

Column 2. Enter in column 2 the number of Medi-Cal subacute patients age 21 and over that required *Peritoneal Dialysis*.

NOTE: *Patients may be counted more than once in Section D as they may require more than one treatment/procedure.*

GLOSSARY/DEFINITIONS

LONG TERM CARE FACILITIES

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

A viral disease transmitted from individual to individual most often through sexual intercourse; however, can be transmitted by sharing contaminated hypodermic needles and by a transfusion of contaminated blood.

AIDS RELATED CONDITION (ARC)

Patients exhibiting some of the symptoms of AIDS, but the combined symptoms and lab results are insufficient to make an AIDS diagnosis.

ALZHEIMER DISEASE

Alzheimer's disease is characterized by the loss of important abilities including speaking, thinking, learning, remembering, and the capacity for deliberate actions and movements. Alzheimer's disease is progressive and non-reversible.

AVERAGE DAILY CENSUS (ADC)

The average number of inpatients, excluding newborns, receiving care each day during the reporting period. It is derived by dividing the number of patient days for the year by the number of days in year.

AWOL/AMA

Absent With Out Leave/Against Medical Advice (AWOL/AMA) describes a discharge where the patient left without prior approval of the physician or facility.

BED HOLDS

Many nursing homes have policies regarding the "holding" of a patient's bed while the patient is on temporary leave, or is admitted to an acute hospital for an expected short stay. For Annual Report purposes, nursing homes are instructed to include these patients in the patient census, and not to count this temporary absence as a discharge. The patient's nursing home bed is being held and is unavailable to another patient. Medi-Cal, for example, has a seven (7) day bed hold policy.

CHAMPUS

Civilian Health and Medical Program of the Uniformed Services. Health insurance for military dependents and retired military.

DEVELOPMENTALLY DISABLED (DD)

Neurological disorders, usually congenital. Includes mental retardation, autism, cerebral palsy, etc. Special Treatment Programs (STP) for developmentally disabled patients are provided in licensed Intermediate Care Facility/Developmentally Disabled (ICF/DD)

DISCHARGES

The formal release of a patient from a health facility because there is no longer a need for medical care.

HOSPICE

A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient. Care is available by a coordinated interdisciplinary team seven days a week, 24 hours a day and extends through the bereavement period.

INTERMEDIATE CARE (IC)

Long-Term Care Services to a patient whose condition does not require the degree of care provided by a General Hospital or Skilled Nursing Facility.

INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED IC/DD (OR ICF/DD):

A bed classification and/or facility classification for providing a special treatment program for persons who are developmentally disabled.

LICENSED BED DAY

The number of licensed beds multiplied by the number of days in the year.

LICENSED BEDS

The number of beds licensed by the Department of Health Services (DHS) as of December 31. If the number of licensed beds for a particular service for an individual facility is zero, and the licensed bed days were greater than zero, then the facility was licensed for that service earlier in the year, but was no longer licensed for that service on December 31.

LONG-TERM CARE (LTC)

A generic term which includes all nursing home license classifications:

- Skilled Nursing Facility
- Intermediate Facility
- Intermediate Care Facility/Developmentally Disabled
- Congregate Living Facility

MEDI-CAL

This is California's version of the federal Medicaid program.

MEDICARE

This is the Federal medical insurance primarily for the aged.

MENTALLY DISORDERED (MD)

Mental disorders include such as Schizophrenia, Paranoia. A Special Treatment Program (STP) for mentally disordered patients (provided) in licensed SNF beds.

OCCUPANCY RATE

This is a measure of the usage over a reporting period. The measurement derives from dividing number of the patient days by the licensed bed days.

OWNERSHIP TYPE

See the Annual Report (Page 2) for the list of ownership types from which the facilities may choose.

PATIENT DAYS (CENSUS DAYS)

This is synonymous with Inpatient Service Day. A unit of measurement denoting the services received by one inpatient in one 24-hour period.

RESIDENTIAL CARE/BOARD & CARE HOME

Refers to a Residential Care Facility, sometimes called a "Board and Care Home." Such facilities are not "health facilities" and are licensed by the Department of Social Services.

SKILLED NURSING FACILITY

Highest level of long-term care in skilled nursing facility.

SUSPENSE

Occurs when a licensee requests that his/her license, or some licensed beds, be temporarily taken out of service, or when Department of Health Services does so (See Title 22, Division 5, Sections 70129-70135 for details).